DOCUMENT RESUME

ED 419 328 EC 306 414

AUTHOR	Shapiro, Edward S.
TITLE	A Regional Consulting Center To Assist School Personnel in Working with Early Adolescents with Attention Deficit Disorders.
INSTITUTION	Lehigh Univ., Bethlehem, PA.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	1997-00-00
NOTE	26p.
CONTRACT	H029K20455
PUB TYPE	Reports - Evaluative (142)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Attention Deficit Disorders; *Consultation Programs; *Cooperative Programs; *Early Adolescents; Information Dissemination; Inservice Teacher Education; Intermediate Grades; Models; Outreach Programs; Paraprofessional School Personnel; Parent Education; *Regional Programs; Secondary Education; *Staff Development
IDENTIFIERS	Lehigh University PA

ABSTRACT

This final report describes activities and accomplishments of the Regional Consulting Center for Early Adolescents with Attention Deficit Disorders, a personnel training project for teachers and related services personnel working with students with attention deficit disorders (ADD) in the 5th through 9th grades. The program emphasized collaborative consultation among students and teachers, teachers and consultants, and school personnel and parents. The Center provided three levels of service. At Level 1, a series of 2-day inservice programs were repeated three times per year. At Level 2, on-site consultative services to referring districts within a 50-mile radius of Lehigh University (Pennsylvania) were offered. Level 3 services involved regional, statewide, and national dissemination of the model, follow-up consultation with participating school districts, and provision of advanced training, including week-long summer institutes. A total of 57 school districts participated. Consultation and intervention services were provided to a total of 761 students. The project had direct contact with 2,436 school-based personnel, including 492 parents. Follow-up data three months after consultation services from 43 districts showed that 71 percent were using the recommended intervention three months later. Individual sections of the report describe the program's objectives, results, and recommendations. Appended is the evaluation report for the second year of the project. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 419 328

A Regional Consulting Center to Assist School Personnel in Working with Early Adolescents with Attention Deficit Disorders

Final Report to the U.S. Department of Education
Grant #H029K 20455

Principal Investigator:

Edward S. Shapiro, Ph.D.
Lehigh University

Education Program Manager: Dr. Suzanne Martin

Education Grants Manager: Joanne Osborne Pollard

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

EC 306414

EXECUTIVE SUMMARY

Attention deficit disorders (ADD) represent one of the most common behavioral problems to affect children. Difficulties related to attentional problems begin to appear in infancy and persist throughout school life and into adulthood. Of particular importance is the changing nature of attention deficits as children reach early adolescence. While many of these children continue to exhibit sustained deficiencies in attention to task, impulsivity, and aggressive peer interactions, increased problems in the areas of social and behavioral skills often become evident in the adolescent period. Although significant efforts have been devoted to working with children who have attention deficits during their elementary school years, very little effort has been given toward working with teachers and other school personnel as the children reach early adolescence and move into middle and junior high school. Given the persistent nature of social, behavioral, and academic problems experienced by children with attention deficit disorders during adolescence, coupled with the increasing adjustments brought on by this developmental period in general, a strong need exists for assisting teachers and other school personnel in how to address the needs of these children at the middle school and junior high school levels.

From September 1992 through April 1996, Lehigh University operated a Regional Consulting Center for Early Adolescents with Attention Deficit Disorders (LU-CCAADD). The purpose of this personnel training project was to address the lack of appropriate supportive educational services for teachers and related services personnel of early adolescents with ADD. In particular, the project focused upon a group where services are often neglected: early adolescents (5th through 9th grade). Emphasized across the entire project was the role of collaboration amongst students and teachers, teachers and consultants, and school personnel and parents, for the purpose of making assessment and intervention adaptive to individual differences (Wang, 1990; West & Idol, 1987). Such services were provided primarily in mainstream settings and involved the regular education teacher in the design and delivery of educational programming. The project also focused primarily upon the social and behavioral needs of early adolescents with ADD. In accomplishing this goal, a collaborative approach to consultation was employed (Idol, Paolucci-Whitcomb & Nevin 1986; West & Idol, 1987). Pfiffner and Barkley (1990) strongly advocate a collaborative consultation approach in addressing the needs of students with ADD, emphasizing the important role of a consulting therapist in order to assist teachers with the planning and implementation of interventions. The focus of collaboration in the service delivery approach used in this project was based on providing a range of direct and indirect consultative services to teachers and support personnel of early adolescents with ADD. In addition, the project provided national dissemination of knowledge and expertise in addressing the social and behavioral needs of early adolescents with ADD.

The Center provided three levels of service. At Level I, a series of two-day in-service programs were repeated three times per year. These in-service programs provided core knowledge in four areas: (1) school-based assessment and identification of ADD; (2) training behavior management skills for parents of adolescents with ADD; (3) social skills and problem-solving training; and (4) medication monitoring and psychopharmacological interventions for adolescents with ADD. At Level II, on-site consultative services to referring districts within a 50 mile radius of the University were offered. Services were provided by advanced doctoral

students along with faculty with specific expertise in assessment and intervention strategies for children with attention deficit disorders. Level III services involved regional, statewide, and national dissemination of the model, follow-up consultation with participating school districts, and providing opportunities to participants and others within the community for advanced training. As part of the Level III services, Lehigh University sponsored week long summer institutes designed to provide additional knowledge and expertise to school personnel who work with these children. The seminar aimed to attract individuals both regionally and nationally. In addition, Level III services included dissemination of products and technical assistance to sites (e.g., state regional resource centers, intermediate units, area education agencies) interested in setting up a similar Consulting Center. The project also developed a training manual along with videotaped illustrations of the model.

A total of 57 school districts (58% of those invited) participated in the project. Results of a pre- and post-knowledge test of ADD (Anastopoulos, Shelton, & DuPaul, 1992) administered at each Level II in-service, demonstrated an average improvement of 18% from a mean of 75% at pretest to 93% at post test. A t-test for correlated samples found this difference to be statistically significant ($t = -17.21$, $p \leq .01$).

Outcomes of the consultative process were measured by quantitative and qualitative indices. As part of the project, individual districts selected students with ADD with whom they were having behavioral difficulties. Working with project personnel, district teams designed, implemented, and evaluated intervention procedures that were aimed at impacting the individual student's behavior. During the project, consultation services were provided to a total of 169 students. Across these same 57 districts, these same intervention strategies were implemented with an additional group of 592 students. This "spread of effect" from direct to indirect consultation services is one important and encouraging outcome of the project. Although these types of outcomes were expected through the consultation process, demonstrated and measurable gains fo this nature are not always documented (Shapiro, DuPaul, Bradley, & Bailey, 1996).

Another impact of the project can be found in the range of school-related personnel for whom consultation services were provided. The project had direct contact with a total of 2,436 school-based personnel, including 492 parents. A total of 57.7% of the contacts were with general education teachers.

Districts varied substantially in the types of services requested from the LU-CCAADD. The two most frequently used project services were in-services to faculty (91% of districts served) and consultation about an individual student (75% of districts served). Districts also varied in the types of in-service programs chosen from specific in-school behavior management programs such as self-management or social skills training, to more general knowledge about ADD.

A Consumer Satisfaction Survey obtained from 51 of 57 (89%) participating districts showed very high levels of satisfaction across all areas of the project. Districts reported that the services were provided in a cost and time efficient manner and resulted in substantial improvement in understanding ADD and behavioral alternatives to treatment.

Follow-up data were obtained 3-months after the consultation services ended from 43 of 57 districts who had fully participated in Level 1 and 2 services. Results showed that 71% of districts that had implemented an intervention for a specific case through the on-site consultation were using that intervention with the targeted students 3 months later. Among the 43 districts, 26 indicated that they had used the same intervention with at least one other student. In addition, a total of 146 identified students in these districts had specific additions to their IEPs related to behavior management programs acquired through the consultation process. About 68% of the districts indicated that their staff were seeking additional training in ADD.

Finally, average attendance at the week long summer institutes was approximately 70 persons per day in 1993 and 90 per day in 1994 and 1995. Of the 57 districts eligible to send a representative to the institutes, 52 (91%) had someone attend at least one of the four days. A total of 42 (74%) had a district representative in attendance all four days.

The results of the project strongly suggested that a school-based consultation model can be an effective method of service delivery for staff working with young adolescents with ADD. Although delivered with the additional support of a federal grant, the project is easily transportable to Intermediate Unit and regional district consortia that would offer consultative services on a contracted basis.

Program Objectives

1.0 To provide a model for delivery of direct and indirect consultative services to teachers and support personnel of early adolescents with ADD.

2.0 To provide increased knowledge for teachers and support personnel of effective interventions for the social problems of early adolescents with ADD on a national, state, and regional level.

3.0 To evaluate a model for delivery of direct and indirect consultative services to teachers and support personnel of early adolescents with ADD.

4.0 To provide national and statewide dissemination of the training model.

4.1- The develop a training manual and supplemental videotape materials to be used for dissemination and replication.

To accomplish these objectives, the project established the Lehigh University- Consulting Center for Adolescents with Attention Deficit Disorders (LU-CCAADD). Through LU-CCAADD, three levels of services were offered.

Level 1:

A two-day in-service presentation provided an overview of development, assessment, and intervention strategies for ADD among adolescents. This in-service was a requirement for all districts wishing to participate at Level 2 services.

Level 2:

This level of service involved on-site consultative services offered to districts. Project staff worked with school personnel to provide services as requested from a menu of activities offered by the project. Consultation was provided for 2 hours a day, up to 15 days within a 60 day period.

Level 3:

Follow-up consultation on an as-needed basis was provided. Advanced training was offered through a one-week, summer institute on ADD in adolescents. This level of service was available as a university course, and could be attended free of charge by one member of each participating district.

Project Results

Funding for the initial year of this project began on November 1, 1992 and ended on April 30, 1996..

Level 1

Across the 99 districts contacted as potential participants, a total of 57 (58%) of school districts participated in the project. A total of 169 school personnel from the 57 school districts attended Level 1 in-services. Attendees included general education teachers, special education teachers, school psychologists, guidance counselors, supervisors of special education, pupil personnel directors, principals, and school nurses. Results of a pre- and post-knowledge test of ADD (Anastopoulos, Shelton, & DuPaul, 1992) administered at each Level 1 in-service, demonstrated an average improvement of 18% from a mean of 75% at pretest to 93% at posttest. A t-test for correlated samples found this difference to be statistically significant ($t = -17.21$, $p < .01$).

Level 2

Outcomes of this level of consultation were determined by examining the number of students services, the number and types of personnel serviced, the types of services used by districts, and evaluating consumer satisfaction with project services.

Students serviced. During the project, consultation for individual cases was provided to approximately 169 students. These were cases for whom districts worked directly with the consultant to develop, implement, and evaluate potential interventions for adolescents with ADD who were experiencing significant behavioral problems. The impact of this consultation process on students not directly targeted by the consultation process was also monitored. Across the 57 school districts where 169 students received consultation directed at their problem, districts reported that the same interventions were implemented with an additional group of 592 students. The "spread of effect" from direct to indirect outcomes of consultation services is one important and encouraging outcome of the project.

Personnel serviced. During the project, a total of 2,436 school-based personnel interacted in some way through project services. This included being part of the team with whom project consultants worked directly, individuals attending in-service programs presented by project personnel, or meetings with district persons about the delivery of consultation services. An additional set of contacts were made with 492 parents across the 57 districts receiving services. As seen in Table 1, 57.7% of the contacts were with general education teachers.

Table 1. Total number of individuals contacted through the consultation process in each district (N=57) between September 1992 - June 1995.

Type of Personnel	Number Contacted
District administrators	51
Principals	78
Psychologists	62
Counselors/Social workers	136
General education teachers	1,692
Special education teachers	226
Instructional support teachers/learning consultants	81
Reading specialists	43
School nurses	54
Physicians	7
Other agency personnel	6
Parents	492
TOTAL	2,928

Services used. Districts varied substantially in the types of services requested. As seen in Table 2. In-services to faculty (91% of districts served) and consultation about an individual students (75% of districts served) were the two most frequently used project services. Types of in-service programs chosen by districts also varied with some selecting programs centered around specific in-school behavior management programs such as self-management or social skills training, with others more interested in the acquisition of general knowledge about ADD. Some districts asked consultants to assist staff in designing policies and strategies for responding to parental requests for evaluations of children with ADD.

Table 2. Percentage of services used by school districts (N=57) during the consultation process between September 1992 and June 1995

Services Offered	Percentage of districts that selected service
General faculty in-service	91
Individual student interventions self-management (50) home-school program (19) other behavioral interventions (6)	75
Classroom observations for assessment purposes	40
Parent training	33
Assist building level teams	28
Other (parent conferences, development of district policies, section 504 programs)	26
Social skills training	18
Assist in developing methods of identification and progress monitoring	16
Facilitate communication with physicians	14
Evaluate existing problems	6
Assessment of social behavior problems	4
Cognitive-behavioral problem-solving	0

Consumer satisfaction. A Consumer Satisfaction Survey (CSS) was obtained from 51 of 57 (89%) of participating districts. Table 3 shows the mean scores across all items. Feedback from districts suggested that the quality and type of services received through on-site consultation were consistent with their expectations of these services. Consultees were satisfied

with the training in the interventions, materials, and opportunities for communication with project consultants. Districts reported that services were cost and time efficient and resulted in substantial improvement in understanding ADD and behavioral alternatives to treatment. Feedback from district personnel suggests that measurable gains in social skills of behaviors of students were observed less frequently. This findings was not surprising in that only 18% of the districts chose training in social skills as an intervention for target students. No district indicated that there was any harm associated with their involvement in the project.

Table 3. Mean scores across districts on the Consumer Satisfaction Survey

Item	Mean Score
1. Services consistent with description?	2.95
2. Consultees satisfied with training in interventions?	2.70
3. Materials readily available?	2.92
4. Opportunity for communication and feedback?	2.91
5. Services provided in cost and time efficient manner?	2.84
6. District personnel satisfied with services of LU-CCAADD?	2.75
7. Any benefit associated with districts involvement?	2.28
8. Any harm associated with districts involvement?	1.00
9. Measurable gains in social skills behavior of students?	2.08
10. Improvement in understanding of ADD and behavioral alternatives?	2.73
Response Scale: Never = 1 Sometimes = 2 Always = 3	

Level 3

Outcomes derived form Level 3 services included follow-up data collected 3-months after consultation services ended, the delivery of additional training opportunities through summer institutes conducted by the project, development and dissemination of training materials, and the dissemination of project outcomes.

Follow-up findings. At 3-months after consultation services ended, a semi-structured interview was conducted with district personnel who had participated in Level 2 services. Questions were asked about whether intervention strategies implemented during the project for targeted students had been continued, whether these interventions had been implemented with additional students, and whether staff had sought additional training in ADD.

Results showed that 71% of districts had continued their implementation of the interventions with the targeted students. In those districts that had discontinued the interventions, extenuating circumstances had arisen (e.g., student moved, trained staff members had transferred). Across the districts responding to the follow-up survey, 60% indicated they had started the interventions with students not targeted during the consultation. In addition, a total of 146 students who were identified as having special education needs had specific additions to their IEPs related to behavior management based on strategies learned through the consultation project. A total of 68% of districts indicated that staff were seeking additional training in ADD.

During the week long summer institutes, 91% of the districts had someone from their district attend at least one of the four days. A total of 74% had a district representative in attendance all four days.

Development and dissemination of training materials. During the final year of the project, a training manual and videotape were developed. These materials contained all forms, presentation transparencies, and other materials used in the consultation process. The materials were developed to be easily transportable to any district interested in developing in-service programs to improve staff knowledge. A copy of these materials were sent to each participating school district. An additional copy was sent to the office of each state director of special education, with invitations for the state to have on-site presentations by project consultants free of charge. Presentations were made in the states of Idaho, Nevada, North Carolina, Delaware, Georgia, and Pennsylvania.

Dissemination of Project Outcomes. Project outcomes were disseminated through presentations at national conferences and publications in professional journals. Presentation of project outcome were presented at the National Association of School Psychologists conferences in Chicago, Seattle, and Atalnta; the American Psychological Association in Toronto; the Teachers of Children with Behavior Disorders conference in Tempe, the Penn State University

school psychology conference, and at International Conference on Attention Deficit Disorders in Jerusalem.

Publications regarding the development and outcomes of the project have or will appear in the Journal of Behavioral and Emotional Disorders, the Journal of Learning Disabilities, and the Teacher Education and Special Education journal.

Project Evaluation

Evaluation of the project was conducted using an outside consultant at the end of the initial year. Dr. Steven Landau, Professor of Psychology at Illinois State University, conducted a site visit and completed a report on project activities (see attached Appendix A). His report was very positive and indicated that the project was clearly meeting its stated objectives. Many of the recommendations were implemented during the subsequent two years of the project.

Conclusions and Recommendations

The results of this project strongly suggest that a school-based consultation model can be an effective method of service delivery for staff working with young adolescents with ADD. Many issues raised through the implementation process of the project appear worthy of further investigation. District personnel interested in developing a similar type of model need to establish "ADD teams" using a consortium of districts within a specified region. Such an approach would pool regional resources and knowledge, using the consultation processes of this project in delivering services to a widespread number of districts. Such an approach would be cost effective and provide valued services for many students. Over time, additional building-based expertise in working with adolescents with ADD would be developed.

Appendix A- Landau's Report

An Evaluation Report for Year 2 of the project entitled:

A Regional Consulting Center to Assist School Personnel in Working with Early Adolescents with Attention Deficit Disorders

Edward S. Shapiro and George J. DuPaul
Lehigh University

Co-Principal Investigators

PR Number: H029K20455

CFDA 84 029K
Special Projects

Evaluation prepared by:
Gary Stoner, Ph.D.
School Psychology Program
College of Education
University of Oregon

October, 1994

Overview of Evaluation

Overview of the Project and this Evaluation

The Lehigh University Regional Consulting Center for Adolescents with Attention Deficit Disorders (LU--CCADD) has as its primary objective, (from page 18 of the original grant proposal) "...to provide increased knowledge, skills, and expertise in assisting teachers and support personnel to effectively intervene in the social and behavioral problems of early adolescents with ADHD." Consistent with this objective, since its beginning in November of 1993, the staff of the LU--CCADD has focused on providing 5th through 9th grade teachers and related school personnel with the knowledge and skills needed to improve outcomes for early adolescents with ADHD. Two primary instructional mechanisms have been utilized thus far--didactic inservice presentations (Referred to as Level I services in the project), and school-based consultations on a range of topics, issues, and individual students, as negotiated uniquely by each involved school district (Referred to as Level II services in the project). Activities during Years 1 and 2 of the project have involved development and evaluation of a model for providing direct and indirect consultative services. During Year 3 of the project, November 1994 through October 1995, the investigators will focus on Level III services, primarily involving regional and national dissemination of the model.

This evaluation is focused on Year 2 of the project, and is based on a two-day site visit to the Lehigh University Department of Counseling Psychology, School Psychology, and Special Education on October 6 and 7, 1994. The purpose of this evaluation and report is to provide an external review and perspective of the grant project activities, products, and internal evaluation. During this visit, several individual and group evaluation interviews were held with project staff, including Drs. Edward S. Shapiro and George J. DuPaul, Co-Prinicipal Investigators, and Ms. Kathy Bradley, Research Associate. In addition, written documentation and summaries of the project's products and processes were reviewed as evidence of the work completed and its contribution to attaining project goals and objectives. Finally, an evaluation meeting took place involving the evaluation consultant, and representatives of two participating school district--Ms. Joan Johnston, School Psychologist, East Penn School District, and Mr. Fred Luciani, School Psychologist, Bangor School District.

The evaluation is organized around the project's four primary objectives, and its seven evaluation standards. For each objective and standard, evaluative comments are offered based on the interviews and meetings held, and the project documents reviewed. The final section of this evaluation contains an overall summative impression of the project's progress toward goals and objectives to date, and recommendations for consideration by the project staff.

Objectives

Objective 1.0 - To provide a model for delivery of direct and indirect consultative services to teachers and support personnel of early adolescents with ADD. Evaluation products reviewed pertinent to Objective 1 included inservice attendance forms, inservice handouts, school district action plans, and information forms provided by LU--CCADD to individual districts.

Level 1: Core In-Service Program

The two-day in-service presentations were provided three times during Year 2 of the project (January 1994, March 1994, and September 1994) with attendance ranging from 17 to 24 persons at each inservice, and overall representation from 27 different school districts. Persons attending comprised the entire range of school-based professions including general education and special education teachers, school psychologists, learning consultants, school nurses, building and district level administrators, and counselors.

Inservice participants were provided with information and hand outs covering five core areas:

A. School-Based Assessment of Attentional Difficulties and ADD.

B. School-Based Behavior Management of ADD

C. Training in Behavior Management for Parents

D. Social Skills Training for Students with ADD

E. Psychopharmacological Interventions for Adolescents with ADD.

The hand outs provided to participants were accurate, research based, focused on adolescents, practical and user friendly.

Level 2: Consultation on Individual Cases

The consulting center offered on-site services to districts experiencing problems with students with ADD in the 5th through 9th grades. These services were provided on-site, in the district schools, by an advanced doctoral student for a period of up to 60 consecutive school days in a given district.

The model of consultation employed contains five steps:

Problem Identification

Problem Analysis

Plan Implementation

Problem Evaluation

Collaborative Consultation

The Level 2 expertise and skills, offered via a menu of choices as part of a school district's completion of an Information Form, included the following:

1. Assist district personnel in using reliable and valid assessment measures in the evaluation of ADD.
2. Provide direct in-service to teachers and support personnel on the characteristics of students with ADD.
3. Assist school personnel in designing and implementing school-based contingency management programs.
4. Provide indirect consultative services to teachers and support personnel by working with existing building level teams.
5. Assist in implementing parent training in contingency management skills.
6. Assist school personnel in setting up and implementing programs in social skills training and self-management.
7. Assist school personnel in school-based monitoring of responses to medication and communication with community-based medical professionals.

Each participating district was given the opportunity to rank order these seven services to reflect its needs, and then to develop an Action Plan along with a consultant from LU--CCADD. A review of completed action plans and information forms, as well as consultation logs and records indicates that on-site consultation has been provided to 30 school districts, involving nearly 400 hours of consultation. The most frequently provided service (selected by 90% of participating districts) was #2 above, the provision of inservice presentations on ADHD to teachers and other personnel. The next most frequently chosen service has been consultation on individual student interventions--chosen by 77% of participating districts. Some districts availed themselves of inservice consultation only. However, across the participating districts, LU--CCADD consultants provided each of the other listed services, with numerous districts receiving consultation regarding intervention development for individual students, informational meetings for parents, and communication with community-based medical professionals.

Evaluation Summary Objective 1. Evaluation information obtained through interviews and project materials and records provides ample evidence that Objective 1

has been accomplished for Year 2 of the project. The range of school districts and professions represented at the Level I inservice presentations is notable. The knowledge incorporated into the inservice education materials is state-of-the-art, and the materials have been organized in a user friendly manner. Also with respect to the Level I services, it is notable that project staff made extra efforts to offer additional inservice sessions when necessitated by weather related absences by participants. In a fashion similar to Level I, Level II services have been organized and delivered in a professional, and user friendly manner.

Objective 2.0 - To provide increased knowledge for teachers and support personnel of effective interventions for the social problems of early adolescents with ADD on a national, state, and regional level.

Level 3 - Summer Institute for Early Adolescents with ADD.

During the second week of July, 1994, the LU--CCADD held 4 day institute on the Early Adolescent with ADD. On each of the four days, one nationally and internationally recognized scholar/expert provided a day long workshop on her or his area of expertise. These topics and professionals were as follows:

School Based Interventions presented by Linda Pfiffner, Ph.D. Dr. Pfiffner is Assistant Professor of Pediatrics, and Clinical Director at the Child Development Center, University of California, Irvine.

Pharmacotherapy and School-based Medication Evaluation Methods, presented by Kenneth D. Gadow, Ph.D. Dr. Gadow is Professor of Special Education and Research Associate Professor of Child Psychiatry at the State University of New York, Stony Brook.

Cognitive Behavioral Interventions for Students with ADD, presented by Philip C. Kendall, Ph.D. Dr. Kendall is Professor of Psychology and Head of the Division of Clinical Psychology at Temple University.

Family Based Treatments for Adolescents with Attention Deficit Hyperactivity Disorder, presented by Arthur D. Anastopoulos, Ph.D. Dr. Anastopoulos is Associate Professor of Psychiatry and Pediatrics in the Department of Psychiatry, at the University of Massachusetts Medical Center.

Thirty-four professionals from the "Lehigh Community" attended the four day institute, each of whom received grant funded support. Participant evaluations of the Institute were overwhelmingly positive of the presentations made, the usefulness of the content covered, the presentation styles utilized, and the overall value of the Institute to participants abilities to serve adolescents with ADHD.

Current project plans call for a National Conference during the Summer of 1995, on Attention Deficit Disorder in Early Adolescence and Beyond: School and Home-Based Interventions, with an intent to cover issues related to ADHD across the developmental spectrum, from early childhood to adulthood.

Evaluation Summary Objective 2. Evaluation information obtained through interviews and project materials and records provides ample evidence that Objective 2 has been accomplished for Year 2 of the project. An impressive array of important topics were covered at the 1994 Summer Institute presentations, by recognized leaders in the field of ADHD. The knowledge incorporated into the inservice education materials is state-of-the-art, and according to participant evaluations, the information was conveyed in a professional, user friendly manner.

Objective 3.0 - To evaluate a model for delivery of direct and indirect consultative services to teachers and support personnel of early adolescents with ADD.

To investigate progress toward this objective, project staff have engaged in consumer driven evaluation activities throughout the 2 years of the project. Results of these evaluations, have been summarized (for services delivered between January 1993 and June 1994) in a scholarly paper recently submitted to a professional journal for publication consideration. The title of the paper is "A School-Based Consultation Model for Service Delivery to Middle School Students with Attention Deficit Disorder."

Information contained in this paper suggests the model for service delivery has been evaluated regarding its impact upon the effectiveness of school districts to improve the education of early adolescents with ADD. Through June 1994, more than 2,500 individuals representing 52 school districts had been in contact with LU--CCADD staff as part of the consultation process. These persons ranged from parents, physicians, and school nurses, to all types of teachers, psychologists, principals, and district administrators.

Summarized project consumer satisfaction data suggest that project participants have rated the services delivered by staff of the LU--CCADD in a very positive manner. Ratings suggest, or example, that "nearly always" services were provided consistent with their description, consultees were satisfied with training provided on interventions, materials were readily available, services were provided in a timely and cost efficient manner, and that personnel experienced improvements in their understanding of ADD and interventions. Consumer ratings also suggested that, "sometimes" measurable gains in social skills behaviors of identified students resulted from participation in the project. Finally, ratings suggested that "never" was any harm associated with district's involvement in the project.

In addition to these data, information summarized from follow-up surveys, completed by district representatives provides evidence to suggest the project is continuing to have a positive influence on school-based activities after LU--CCADD staff involvement is completed. For example, in 15 cases interventions have been adopted and implemented with students other than those for whom direct consultation support was received. In addition, it was reported that 92 students had as part of their IEP's, behavior management programs developed in consultation with LU--CCADD.

In large part, these evaluations suggest the positive impact of the LU--CCADD project on district personnel and students. However, consumer satisfaction follow-up surveys also indicated that the LU--CCADD project has not been immune to the maladies often associated with inservice training. Namely, at times inservice training experiences result in spotty follow-up after consultants leave, failure of district personnel to clearly delineate responsibilities for follow-up to specific staff, staff continuing to report that more training is needed before they would be competent to

change their professional behavior, and staff resistance to adoption of new ideas and methods. Each of these concerns was raised by at least one district completing follow-up surveys. Project staff have taken these concerns under consideration, and are in the process of discussing methods to further improve the long term impact (i.e., generalization and maintenance of training effects) of their work.

Evaluation Summary Objective 3. Examination of consumer satisfaction surveys, data summarized in a scholarly paper, and information obtained from interviews with project staff and participants suggests that Objective 3 has been met for Year 2 of the project.

Objective 4.0 - To provide national dissemination and opportunities for replication of the training model.

To date, this dissemination on a national level has consisted of a paper presented to the American Psychological Association in August 1993, a scholarly paper submitted for publication, handouts from the presentation at the 27th annual Pennsylvania School Psychologist Conference - October, 1993, handouts from 26th Annual NASP Convention, and handouts from an International Adolescent Conference presentation. This objective is the intended focus of Year 3 of the project. As such, plans and contacts have been made for Regional presentations and service delivery throughout the continental United States.

Objective 4.1 - To develop a training manual and supplemental videotape materials to be used for dissemination and replication. With respect to this objective, project staff have prepared outlines and work plans for the preparation of a National Dissemination Notebook and a Videotape describing the LU--CCADD project model and methods.

Evaluation Summary Objective 4. Examination of scholarly papers, presentation handouts, and outlines for a training manual and videotape suggest that project staff have taken advantage of numerous opportunities to disseminate the project model and findings to date, as appropriate to the present stage of the project. With the advent of Year 3 of the project, well laid plans are in place for staff to fully disseminate the project's products and findings, and to provide/develop opportunities for replication. As such, Objective 4 can be considered met for Year 2 of the project.

Evaluation Plan

In addition to the standard of making of progress toward primary service delivery objectives, the investigators have set service delivery standards for themselves to be incorporated into the evaluation of this project. These standards hold the project accountable for (a) delivering professional services in an ethical manner, (b) appropriately promoting the project, (c) implementing project activities as described in the original proposal, (d) managing the project in an professional fashion, (e) gathering consumer satisfaction information, (f) assessing the impact of project activities, and (g) disseminating project findings and developing opportunities for replication. To address these issues, project staff have asked questions of

themselves, and compiled carefully developed and well organized materials documenting answers to these questions, as an indication of adherence to the standards. Brief evaluation comments pertaining to the listed questions are provided below in **boldface type**.

1. Standard: ETHICS

WAS THE PROJECT IMPLEMENTED IN AN ETHICALLY APPROPRIATE MANNER?

A. Were ethical guidelines followed for the selection of interventions incorporated into the consultation procedures?
B. Were human subjects review procedures followed, including obtaining informed consent from all participants?
C. Was a full description of the project provided to all clients (e.g., District Administrative Personnel, School Principles, Teachers, Parents, Students)?
D. Were procedures to ensure voluntariness and the option to withdraw from the consultation procedures followed throughout the 60 day consultation period?
E. Were consultation procedures clearly described to participants prior to their participation in the study?
F. Were procedures for hiring staff followed?

Project records including ethical standards checklists, a Human Subjects Review Board Proposal, Letters of Agreement with school districts, and project brochures indicate the answer to each question is "yes"--the project has been implemented in an ethical fashion.

2. STANDARD: PROMOTION

WERE THE SERVICES OFFERED BY THE LEHIGH UNIVERSITY REGIONAL CONSULTING CENTER DISSEMINATED TO SCHOOLS, DISTRICTS, AND PARENTS WITHIN THE TARGET AREA?

A. Was the model of service delivery communicated clearly to districts, schools, teachers and parents?
B. Were consumers made aware of the type of services offered by the Consulting Center?
C. Was dissemination completed in a timely manner in order to provide clients with the opportunity to obtain services?
D. Was ongoing feedback provided to districts regarding their use of the services made available by the center?

Project records including cover letters to school districts, project brochures, mailing lists, consultation logs, phone logs, and files, indicate the answer to each question is "yes"--the project has been disseminated thoroughly to schools, districts, and parents in the target area.

3. STANDARD: IMPLEMENTATION

WAS THE CONSULTATION MODEL IMPLEMENTED ACCORDING TO THOSE PROCEDURES IDENTIFIED IN THE METHOD SECTION?

A. Were Level 1 services offered three times during the academic year?
B. Were Level 2 services procedures implemented?
1. Were Needs Evaluation and Problem Identification procedure completed, including the use of a site visit protocol?
a. Was a semi-structured interview conducted?
b. Were objectives for the consultation established based on collaboration between consultant and consultee?
2. Was a service delivery decision made within 10 days of the site visit?
C. Were Level 2 services Action Plans developed and implemented in a timely fashion?
1. Did the Action Plan specify the amount of time the consultant would spend in a direct service capacity to both consultee or ADD students?
2. Were problem analysis, treatment implementation and outcome evaluation procedures clearly documented?
a. Was a problem analysis interview conducted with the client?
b. Was an intervention plan and tactics developed?
c. Were performance assessment objectives established?
d. Were treatment implementation roles assigned to consultant and consultee?
e. Were procedures for implementing the intervention plan clearly described?
f. Were procedures for evaluating the intervention plan clearly described including the specification of outcome measures?
g. Were follow-up procedures clearly specified?
3. Were arrangements pertaining to the scheduling of visits to the school and the times allocated for activities specified in the Action Plan?
4. Were materials specified for use in the Action Plan readily available to clients?
5. Was a decision to begin consultation made within "x" days of the completion of the action plan?
D. Were procedures for the implementation of all client training in the use of materials, specified in the Action Plan?
E. Were training procedures developed and documented for all interventions?
F. Were the requirements for the conduct of the summer workshop clearly specified?
G. Was the training manual and videotape products developed?

Project records including action plans, consultation logs, inservice materials, Summer Institute brochures, and outlines for a training manual and videotape, indicate the answer to each question is "yes"–the project has been, and is being, implemented as planned.

4. STANDARD: MANAGEMENT

WERE THE PROCEDURES IDENTIFIED IN THE PROJECT MANAGEMENT PLAN IMPLEMENTED ACCORDING TO THE SPECIFICATIONS, DATES AND TIMES DETAILED IN THE PLAN?

A. Were timelines followed?
B. Was all training of consultants completed to mastery?
C. Were materials development activities completed to specification?
D. Were project evaluation activities completed in an accurate and timely fashion?
E. Were any scheduling changes communicated in a timely fashion?

Project records including action plans, consultation logs, inservice materials, Summer Institute brochures, and outlines for a training manual and videotape, indicate the answer to each question is "yes"--the project has been, and is being, managed in accordance with plans.

5. STANDARD: CONSUMER SATISFACTION

WERE CONSUMERS OF SERVICES PROVIDED BY THE LEHIGH UNIVERSITY ADD REGIONAL CONSULTING CENTER SATISFIED WITH THE SERVICES?

A. Were the services provided consistent with the description provided to clients prior to their involvement?
B. Were clients satisfied with the quality and amount of training provided in classroom interventions for ADD students?
C. Were materials readily available and instructions clear and understandable?
D. Did the consultant provide sufficient opportunity for communication and feedback about information included in the Action Plan?
E. Were procedures for the use of any equipment clearly explained?
(non-applicable due to grant revisions)

F. Did equipment function reliably?
(non-applicable due to grant revisions)

G. Were services provided in a cost and time efficient manner?
H. Was the summer institute and national conference evaluated?

Project records including summaries of consumer satisfaction surveys indicate the answer to each question is "yes"--the project has been received in a very positive manner by consumers.

6. STANDARD: IMPACT

WHAT IMMEDIATE IMPACT DID THE PROJECT HAVE ON THE INDIVIDUALS AND DISTRICTS INVOLVED?

A. How many clients were served during the course of the project?
B. How many students with ADD received services as a result of their direct or indirect involvement with the Lehigh University ADD Regional Consulting Center?
C. What were the major benefits/harm reported by clients and students arising from their involvement with the consulting center?

D. Were services to students maintained, 1, 3, and 6 months after the completion of the 60 day consultation period?
E. Were district personnel satisfied with the services provided by the Center? Did they report any benefit and/or harm associated with the school's/district's involvement?
F. Did the project result in measurable gains in the social behavior skills of students with ADD?
G. Did clients and students report improvement in their understanding of the nature of ADD and social behavioral alternatives?
H. Did teachers report reduction in personal stress levels arising from support provided by the Consultation Center?
(In retrospect, this measure is not appropriate for this project)

I. Were the skills and knowledge obtained by project participants continued in the absence of the project's presence?

Project records including consultation logs, inservice materials, summaries of district contacts, Figures and Tables from scholarly papers, and consumer satisfaction information, indicate that to date, more than 2,500 professionals/parents have benefited from contact with the LU--CCADD consultation project, as have numerous adolescent students with ADHD. In general, consumers reported improvements in their knowledge and professional abilities as a result of project participation. While project records indicate that many students experienced improvements in behavior as a result of the project, this was not a universal finding. In a similar fashion, the skills and knowledge obtained by participants often was reported to maintain in the absence of the project staff. However, as discussed in the section under Objective 3, generalization and maintenance was not universally reported by consumers.

7. STANDARD: DISSEMINATION/REPLICATION

WERE THE RESULTS OF THE PROJECT SUCCESSFULLY DISSEMINATED?

A. Was ongoing feedback regarding the outcomes of consultation provided for participants and other stakeholders?
B. Was a complete and comprehensive report completed for the funding agency?
C. Was the project brochure disseminated statewide?
D. Was the project brochure disseminated to state directors of special education?
E. Were presentations made to state Regional Resource Centers?
F. Were presentations made to school districts interested in potentially setting up Consulting Centers?
G. Did school-based personnel from districts participating in the Consulting Center accompany project staff to district presentations?
H. Were training manuals and videotape materials distributed to regional resource centers?
I. Were efforts made to disseminate the project in professional and academic circles?
J. Were plans made for further development of the model proposed in the project?

K. Did agencies interested in setting up Consulting Centers who received technical assistance from the project actually use the skills and knowledge taught by project staff?

(these activities are scheduled for 1994-95)

SUMMARY AND RECOMMENDATIONS

The Lehigh University Regional Consulting Center for Adolescents with Attention Deficit Disorders (LU--CCADD) has as its primary objective, "...to provide increased knowledge, skills, and expertise in assisting teachers and support personnel to effectively intervene in the social and behavioral problems of early adolescents with ADHD." Consistent with this objective, since its beginning in November of 1993, the staff of the LU--CCADD has focused on providing 5th through 9th grade teachers and related school personnel with the knowledge and skills needed to improve outcomes for early adolescents with ADHD.

This external review has focused on grant project activities, products, and internal evaluations. Based on the interviews and meetings conducted, and the products reviewed, it is clear that the project has met and exceeded initial expectations for project accomplishments and impact. Through Year 2 of the project, all initial objectives have been met, as have the project's standards for performance. In fact, the available evidence suggests that project staff have conducted themselves in an exemplary fashion while developing, delivering, and evaluating a service delivery model of consultation to teachers and support personnel of early adolescents with ADHD. All aspects of the project have been well organized and delivered in a professional manner. In addition, throughout the project, staff have made all efforts to be open to stringent standards of accountability and evaluation. As a result, the project has benefited from continuous input/feedback from consumers, internal evaluation, and external evaluation. The project's Year 3 regional and national dissemination activities (Level III services) can only benefit from the quality of the efforts made to date.

Finally, a few suggestions and observations are offered that may be of benefit to future work of the LU--CCADD.

1. Project staff should consider methods for enhancing the long-term benefits of Levels I and II project participation to teachers and other personnel. However, since the focus of the project in Year 3 shifts to national dissemination, such considerations should be focused on low cost efforts. Some examples are as follows:

A. It was suggested by one district representative that, as a result of conducting the project, staff of the LU--CCADD now are in the unique position of having knowledge of those school districts and personnel in the region who are actively engaged in service delivery efforts related to adolescents with ADHD. Efforts to facilitate the networking of these districts/personnel should be considered. For example, the LU--CCADD could sponsor a final meeting of all district contact persons in the region. The purpose of such a meeting could be to review the project activities to date, to present project results, and to facilitate networking

activities. Such a meeting might also provide for a logical "closure" to LU--CCADD Years 1 and 2 involvement with these districts.

B. LU--CCADD staff could set up and maintain a telephone call in information line. Callers could connect to a pre-recorded message of 3 minutes or less, containing current information regarding school-based services for adolescents with ADHD, reference(s) to recent publications with brief reviews, and notices of pertinent local/regional classes and workshops. The message could be changed every 2 weeks.

2. Project staff should consider methods for increasing the likelihood that school districts/personnel will avail themselves of the full array of services offered at Level II--individual consultation to districts. This consideration should be balanced with the recognition that districts self-selected Level II services from a menu of choices. Some examples include:

A. One school district representative suggested that it might be helpful to expand the 60-day time frame within which Level II services are delivered to a district. The notion being that given the "planning cycle" often required to conduct an activity within a district, such a time frame may orient district personnel toward selection of services that occur at one point in time or those that are time limited (e.g., inservice presentations).

B. Related to an expanded time frame, was the suggestion that resources permitting, increased numbers of available LU--CCADD consultants might allow for more flexibility in time frames and scheduling of consultations.

3. To further facilitate dissemination of the project's model, project staff should consider writing for publication a scholarly paper applying the consultation model utilized to district level service delivery.

4. This project is clearly worthy of efforts at grant-funded follow-up, replication and expansion. For example, future efforts might be aimed at follow-up dissemination via a "trainer of trainers" model. Also, the model should be replicated with a focus on other age groups, particularly elementary and pre-school students.